



Commissioner for Patents
Washington, DC 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4517

SERIAL NUMBER 09/807,318	FILING DATE 03/14/2002 RULE	CLASS 604	GROUP ART UNIT 3734	ATTORNEY DOCKET NO.
APPLICANTS Charles D. Ray, Williamsburg, VA; ** CONTINUING DATA ***** This application is a 371 of PCT/US98/14146 07/09/1998 which claims benefit of 60/052,849 07/09/1997 ** FOREIGN APPLICATIONS *****				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after net Allowance Verified and Acknowledged Examiner's Signature Initials		STATE OR COUNTRY VA	SHEETS DRAWING 3	TOTAL CLAIMS 13
			INDEPENDENT CLAIMS 2	
ADDRESS Lawrence Cruz Tyco Healthcare Group 150 Glover Avenue Norwalk ,CT 06856				
TITLE Interbody device and method for treatment of osteoporotic vertebral collapse				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4517

SERIAL NUMBER 09/807,318	FILING OR 371(c) DATE 03/14/2002 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO.
APPLICANTS Charles D. Ray, Williamsburg, VA; ** CONTINUING DATA ***** This application is a 371 of PCT/US98/14146 07/09/1998 which claims benefit of 60/052,849 07/09/1997 ** FOREIGN APPLICATIONS *****				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY VA	SHEETS DRAWING 3	TOTAL CLAIMS 13
				INDEPENDENT CLAIMS 2
ADDRESS TIMOTHY A. CZAJA, ESQ. DICKE, BILLIG & CZAJA, P.A. 701 BUILDING, SUITE 1250 701 FOURTH AVENUE SOUTH MINNEAPOLIS ,MN 55415				
TITLE Interbody device and method for treatment of osteoporotic vertebral collapse				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	